Schedule E)	PAGE 1 OF 69 FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	
Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
James E Dacus	08 / 25 / 2014
Mailing Address 117 Cynthia Ave	Amount
City State Zip Code	20.00
Farmington AR 72730	Transaction ID: ea458d5e-a1e7-47a4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut	
	Other (specify) -
Full Name of Payee Eric J Smith	Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartville	08 25 2014
Mailing Address 4967 Dysartville	Amount
City State Zip Code	80.00
Morganton NC 28655	Transaction ID: 0e67c579-9a29-4f2d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / 25 / Y 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 259625.60	ursement For: Primary X General
Fer Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
(c) FOTAL maspendent Expenditures	49-1-49-1-40-1
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Emily Buchanan [Electronically Filed] Date 0	8 27 2014
Signature	

Schedule E)	DENT EXPEND	TOTILS	PAGE 2 OF 69 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	omen Speak Out PAC							
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	rt filed on					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination					
Mailing Address 4967 Dysartsville Rd			08 25 2014 Amount					
City	State	Zip Code	80.00					
Morganton	NC	28655	Transaction ID : cefb7fde-ee5a-4450-b  Date of Disbursement or Obligation					
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / 2014					
Name of Federal Candidate		Support	Office Sought: House District: 00					
Ms. Kay Hagan		X Oppose	President Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought	-,,	259625.60	Disbursement For:  Primary  General  2014  Other (specify) ▶					
Full Name of Payee  Jennifer E Smith			Date of Public Distribution/Dissemination					
Mailing Addus of			08 / 25 / 2014					
Mailing Address 4967 Dysartsville Rd			Amount					
City	State	Zip Code	9.00					
Morganton	NC	28655	Transaction ID : 78e6278a-66bb-4ba2-9 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / 2014					
Name of Federal Candidate		Support	Office Sought: House District: 00					
Ms. Kay Hagan		Oppose	President Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought	7	259625.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Exper	nditures		89.00					
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>					
(c) TOTAL Independent Expenditures								
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08					
•								

Scl	hedule E)			PAGE 3 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	eck if 24-hour report X 48-hour report New report	Amends repo	ort filed on	= M / D = D / Y = Y = Y
Т	Full Name of Payee		Date of	of Public Distribution/Dissemination
	Casey Stockton			08 / 25 / 2014
	Mailing Address 105 South Dale St		Amour	nt
t	City State Zip Code	e		45.00
	Spruce Pine NC 28777			action ID : 4df6dd56-72d3-48c0-a of Disbursement or Obligation
	Purpose of Expenditure Salary  Catego Ty	ory/ vpe 001		08 25 / 2014
t	Name of Federal Candidate	Support	Office Sough	t: House District:00
	Ms. Kay Hagan	Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought 259625.60		Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
ſ	Full Name of Payee		Date of	of Public Distribution/Dissemination
1	Casey Stockton		M	M / D D / Y Y Y Y
ŀ	Mailing Address 105 South Dale St			08 25 2014
	Mailing Address 105 South Dale St		Amou	nt
ľ	City State Zip Cod	е		20.10
	Spruce Pine NC 28777		Transa Date of	ction ID : 7c8e1ea9-aa20-4308-a of Disbursement or Obligation
	Purpose of Expenditure Mileage  Catego Ty	ory/ vpe 002	M	08 / 25 / Y Y Y Y Y
Ī	Name of Federal Candidate	Support	Office Sough	t: House District: 00
	Ms. Kay Hagan	Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought 25962	5.60	Disbursemen 2014 O	t For:
(a	(a) SUBTOTAL of Itemized Independent Expenditures		>	65.10
(1	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	
(0	(c) TOTAL Independent Expenditures		··· <b>-</b>	7 1 7 1 7
W	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically File.	ed] Date	e 08	27 2014
	Signature			

Schedule E)	LIVI LXI LIVL	TI OTILO	<u> </u>	PAGE 4 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lorri Anderson			M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		45.00
Charlotte	NC	23215		: ba94b736-0706-4b76-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , ,	259625.60	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lorri Anderson			08	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		12.90
Charlotte	NC	23215		d295a3fa-95ac-4880-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	litures			57.90
			4	- A
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 27	2014
- 3				

Schedule E)	LINI EXPEND	TI ONES	PAGE 5 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville Dr			08
City	State	Zip Code	30.00
Lenoir	NC	28645	Transaction ID : e310dee9-78b0-40a2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 25 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	259625.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			08 25 2014
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	6.00
Lenoir	NC	28645	Transaction ID: f5dee322-f73e-4b00-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	259625.60	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expend	itures		36.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oignature			

Schedule E)	IVI EXI END	TIONES	PAGI FOR	E 6 OF 69 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C0053	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distr	ribution/Dissemination
Sharon t Craig				25 2014
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		30.00
Lenoir	NC	28645	Transaction ID : 8c	eb1dfaa-85a0-428d-a ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		25 / Y Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose		nate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: I 2014 Other (specify)	Primary X General
Full Name of Payee			Date of Public Distr	ribution/Dissemination
Sharon t Craig				25 2014
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		6.00
Lenoir	NC	28645	Transaction ID : e82  Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002		25 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	259625.60	Disbursement For: 2014 Other (specify)	Primary ∑ General  ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			36.00
.,			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	2
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 27	2014
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Schedule E)	PENT EXICIO	TIONES	<u> </u>	PAGE 7 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Majority Connections			M M /	25 / 2014
Mailing Address 10 Pinnacle Rd			Amount	
City	State	Zip Code		500.00
Durham	NC	27705		: 1dfdb3bd-c507-46b2-b sement or Obligation
Purpose of Expenditure Online Advertising		Category/ Type 004	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Design 4 Advertising, Inc.			08	25 / 2014
Mailing Address 106 N Collins St			Amount	
City	State	Zip Code		150.00
Plant City	FL	33563		: 00effa96-6e9c-4ac8-b sement or Obligation
Purpose of Expenditure Design		Category/ Type 004	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	259625.60	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	ditures			650.00
			7	
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>)</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 27	2014

Schedu	ile E)	. EXI EIID	TOTILO			PAGE 8 OF 69 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C	00530766
01 1 1			. 🗆 .		M = M /	D   D / Y   Y   Y   Y
Check if	24-hour report X 48-hour report	New repo	ort Amenas re	eport filed o	on	
	Name of Payee am Rock				Date of Public	Distribution/Dissemination  25 / 2014
Mailir	ng Address 307 Farris Rd Apt 1				Amount	2014
City		State	Zip Code			40.00
Conv	way	AR	72034			o: a303aa18-7bf6-4000-a sement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 00	-	08	25 / 2014
Name	e of Federal Candidate		Support	Office	Sought:	House District:00
Mr. N	Mark L Pryor		X Oppose		President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	66012.89	Disburs 2014	sement For:	Primary
Full 1	Name of Payee am Rock					Distribution/Dissemination
	an Address				08	25 / 2014
Iviaiiii	ng Address 307 Farris Rd Apt 1				Amount	
City		State	Zip Code			4.50
Con	·	AR	72034	1	<b>Fransaction ID</b> Date of Disbur	: 52335bfe-781c-4a33-9 rsement or Obligation
Mile	ose of Expenditure age		Category/ Type 00	)2	08	25 / 2014
Name	e of Federal Candidate		Support	Office	Sought:	House District: 00
Mr. N	Mark L Pryor		X Oppose		President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	66012.89	Disbur 2014	sement For: [	Primary
(a) Sl	JBTOTAL of Itemized Independent Expenditure	s		····· <b>•</b>	-	44.50
(b) Sl	JBTOTAL of Unitermized Independent Expenditu	ures		····· <b>•</b>	7	
(c) TC	OTAL Independent Expenditures			······ <b>&gt;</b>		
with, o	penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized				
_	Ms. Emily Buchanan	[Electron	ically Filed]	ate 08		2014
Sig	nature					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Timothy Foley	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace Ame	nount
City State Zip Code	10.00
Sterling VA 20165 Tra	insaction ID: b1afc2cd-9772-4756-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Me Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 259625.60  Disbursem 2014	
	Other (specify)
Full Name of Payee  Joseph P Thierfelder	te of Public Distribution/Dissemination
Mailing Address 2411 Armstrong Am	08 25 2014 nount
City State Zip Code	64.00
Gastonia NC 28054 Tran	nsaction ID : 7ab04864-00a9-4f33-b te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 259625.60  Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	74.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ D D / Y Y Y Y Y 2014
Signature	

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OF

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Schedule E)	IN EXILIE	TIONES		10 OF 69 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	6
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee Joseph P Thierfelder			Date of Public Distribution	on/Dissemination
Mailing Address 2411 Armstrong			08 25 Amount	2014
	0	7. 0.1		45.00
City Gastonia	State NC	Zip Code 28054	Transaction ID : 0cf2cb Date of Disbursement o	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	259625.60	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General
Full Name of Payee Laura U Logie			Date of Public Distributi	/ <b>Y ! Y ! Y ! Y</b>
Mailing Address 2565 Shire Circle			0825	2014
City	State	Zip Code		20.00
Harrisonburg	VA	22801	Transaction ID : 60efa17 Date of Disbursement of	7e-396e-4724-8
Purpose of Expenditure Salary		Category/ Type 001	08 / 25	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	259625.60	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	35.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>•</b>	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014
olynatule				

Sc	hedule E)	ha 1 v no .	1101120		PAGE 11 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if 24-hour report X 48-hour report	New repo	port Amends rep	port filed	on M = M / D = D / Y = Y = Y
_					
	Full Name of Payee Amanda Boley				Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address Split Oak Drive				Amount
ŀ	City State		Zip Code		55.00
	charlotte NC		28227		Transaction ID: 87a0e2cc-3666-4d05-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00°	1	08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office	Sought: House District:00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		97904.68	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
ľ	Full Name of Payee				Date of Public Distribution/Dissemination
1	Amanda Boley				08 25 2014
ľ	Mailing Address Split Oak Drive				00 20 2017
	<b></b>				Amount
ŀ	City State		Zip Code		24.90
	charlotte NC		28227		Transaction ID: 380a8308-4f79-4240-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	M 08 / D D / Y Y Y Y Y 25 2014
Ī	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		97904.68	Disbu 2014	orsement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>•</b>	79.90
(	(b) SUBTOTAL of Unitemized Independent Expenditures			···· •	
(	(c) TOTAL Independent Expenditures			····· <b>&gt;</b>	
٧	Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.				
	Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 0	
	Signature		_		

Schedule E)	LIVI EXI EIVI	SHORLS	PAGE 12 OF 69 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	<b>T</b>
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	1
Brandon Wheeler			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code	45.00	
Charolette	NC	28215	Transaction ID: 10f61b15-77f8-45a3-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 25 7 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		66012.89	Disbursement For:  Primary	ral
Full Name of Payee			Date of Public Distribution/Dissemination	ı
Brandon Wheeler			08 25 2014	Υ
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code	24.00	
Charolette	NC	28215	Transaction ID : e6029a3f-69f3-4071-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	)
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		66012.89	Disbursement For:  Primary  Gene 2014	ral
(a) SUBTOTAL of Itemized Independent Expen	ditures		69.00	$\exists$
(-)			7 7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			·	
	ndidate or authorize		not made in cooperation, consultation, or conce of either, or (if the reporting entity is not a politic	
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 27 2014	
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Schedule E)	JENT EXICITE	TI OTILO	PAGE 13 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	t filed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / 25 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	90.00
Eden	NC	27288	Transaction ID: 382c97c9-0c8f-4d28-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	259625.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	9.60
Eden	NC	27288	Transaction ID: 9b9d8d2d-1b00-46f1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		99.60
			7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			-
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI ENL	THORIES	PAGE 14 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Nick Berryhill			08 25 7 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	70.00
Shelby	NC	28152	Transaction ID: 2544ae4f-4ca9-41f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 25 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Nick Berryhill			08 25 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	25.65
Shelby	NC	28152	Transaction ID: 6ab95c86-031b-4e4e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	259625.60	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		95.65
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)		PAGE 15 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Donald Dessauer	M =	
Mailing Address 1804 Auburn Ave	O8 Amount	25 2014
City State Zip Code		15.00
Metaire LA 70003	Transac	tion ID : 765c6c01-7a1a-4fba-8 Disbursement or Obligation
Purpose of Expenditure Salary Categor Typ		
Name of Federal Candidate	Support Office Sought:	House District:00
Ms. Mary L Landrieu	Oppose President	
Calendar Year-To-Date Per Election for Office Sought 97904.68	Disbursement F 2014 Othe	or:
Full Name of Payee	Date of	Public Distribution/Dissemination
Donald Dessauer	08 08	
Mailing Address 1804 Auburn Ave	Amount	
City State Zip Code		0.60
Metaire LA 70003		on ID : cff1c91a-9c93-4abc-a Disbursement or Obligation
Purpose of Expenditure Mileage Categor Typ		25 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose President	
Calendar Year-To-Date Per Election for Office Sought 97904	Disbursement F 2014 Other	or:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	15.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures		7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed	Date 08	27 2014
Signature		

Schedule E)	TI EXI EITO	ITOTILO		PAGE 16 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lucas H Hoyle			08	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 282 Falls Ave			Amount	
City	State	Zip Code		30.00
Granite Falls	NC	28630		D : 8f200096-4aa0-46c6-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: 2014 Other (specific	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lucas H Hoyle			08	25 / 2014
Mailing Address 282 Falls Ave			Amount	
City	State	Zip Code		11.70
Granite Falls	NC	28630		: e2e8ba74-4d66-46ef-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	259625.60	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			41.70
(a) colling of nominator mappendent in personal			7	7
(b) SUBTOTAL of Unitermized Independent Expendent	litures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	1.7.1.7.1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 27	2014
-				

Schedule E)		IIII EXI END			PAGE 17 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
					0 00000:20
Check if 24-hour	report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Paye	<b>9</b> e			Date of	of Public Distribution/Dissemination
				M	08
Mailing Address <sub>1</sub>	06 Hillside St			Amou	nt
City		State	Zip Code	- $ $ $-$	62.50
Spindale		NC	28160		action ID : 31196a24-35de-49c9-a
Purpose of Expend Salary	diture		Category/ Type 001		of Disbursement or Obligation  08 25 2014
Name of Federal (	Candidate		Support	Office Sough	it: House District: 00
Ms. Kay Hagan			Oppose	Preside	NO.
Calendar Yea Per Election f	r-To-Date for Office Sought		259625.60	Disbursemen 2014 O	rt For: Primary X General
Full Name of Paye		,			of Public Distribution/Dissemination
David Ford					/ M / D D / Y Y Y Y
Mailing Address	106 Hillside St				
				Amou	int
City		State	Zip Code		24.93
Spindale		NC	28160	Transa Date	of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002		08 / 25 / 2014
Name of Federal	Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Yea Per Election	r-To-Date for Office Sought		259625.60	Disbursemen 2014	nt For:  Primary
(a) SUBTOTAL of	Itemized Independent Expendit	tures		·· <b>&gt;</b>	87.43
(b) SUBTOTAL of	Unitemized Independent Exper	nditures		·· •	
(c) TOTAL Indepen	ndent Expenditures				7
with, or at the requi		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	nily Buchanan	[Electror	nically Filed] Date	e 08	27 2014
Signature					

Schedule E)	DENT EXPEND	ITOTILS	PAGE 18 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee  Morgan E Hallenbeck			Date of Public Distribution/Dissemination
Mailing Address 3790 Christian Light Rd			08 25 2014 Amount
City	State	Zip Code	40.00
Fuquay Varina	NC	27526	Transaction ID : a23bf036-c82e-4a59-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	259625.60	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Morgan E Hallenbeck			08 / 25 / 2014
Mailing Address 3790 Christian Light Rd			Amount
City	State	Zip Code	34.50
Fuquay Varina	NC	27526	Transaction ID: 52390ae2-3a7d-4fa1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		74.50
(b) SUBTOTAL of Unitemized Independent E.	rpenditures		•
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Virginia M Stevens	08 25 2014
Mailing Address 1691 Fork Mtn Rd	nount
City State Zip Code	50.00
Bakersville NC 28705 Tra	Insaction ID: 2e4934ba-da1b-4a90-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08
Name of Federal Candidate Support Office Sou	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 259625.60  Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Virginia M Stevens	te of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	08 25 2014 nount
City State Zip Code	21.90
Bakersville NC 28705 Tran	nsaction ID: bd469e5e-b9c2-4460-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	71.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	/ 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Peggy A Sides	08 25 2014
	Mailing Address 2183 Spokane Rd	Amount
	City State Zip Code	80.00
	Fayetteville NC 28304	Transaction ID : d89942df-2a2c-4755-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 259625.60  Disbrace 2014	
		U Other (specify) ▶
	Full Name of Payee Peggy A Sides	Date of Public Distribution/Dissemination
	Mailing Address 2183 Spokane Rd	08 25 2014 Amount
	City State Zip Code	9.00
	Fayetteville NC 28304	Transaction ID : 1981db68-a61a-40b1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	08
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disb 259625.60	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	89.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) ( ) (1 7)(1 17	08 27 2014
	Signature	

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OF

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Schedule E)	. 01120	PAGE 21 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	rt Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Jacob S Mann		Date of Public Distribution/Dissemination
Mailing Address 3875 Old Stage Rd S		08 25 2014 Amount
Chata Chata	7 0.4.	10.00
	Zip Code 28339	40.00  Transaction ID : d1166e61-7dac-4ec7-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 25 / Y 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disl 59625.60 201	bursement For: Primary
Full Name of Payee Jacob S Mann		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3875 Old Stage Rd S		Amount
City State	Zip Code	34.50
Erwin NC	28339	Transaction ID: 6349045c-6c49-476a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 25 / Y 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	259625.60 Dis 20°	bursement For: Primary General  Other (specify)   General
(a) SUBTOTAL of Itemized Independent Expenditures	·····	74.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic		08 27 2014
Signature		

Schedule E)	EXI END	101120		PAGE 22 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
011-17	Name and		M file of a se	-M / D D / Y = Y = Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Caleb Craig			М	f Public Distribution/Dissemination  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amour	
City	State	Zip Code		60.00
Lenoir	NC	28645		action ID : 206a50b9-38a5-4626-9  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , 2	59625.60	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Caleb Craig				08 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amour	nt
City	State	Zip Code		14.40
Lenoir	NC	28645	Transa Date o	ction ID : 25060682-055e-4a11-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	259625.60	Disbursement 2014 Of	t For:
(a) SUPTOTAL of Itamized Independent Expanditure	•			74.40
(a) SUBTOTAL of Itemized Independent Expenditure:	S			74.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	27 2014
Signature				

Scl	nedule E)	51101120		PAGE 23 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Che	ck if 24-hour report X 48-hour report New r	report Amends repo	ort filed on	D = D / Y = Y = Y
T	Full Name of Payee  Jeffrey Hampton			c Distribution/Dissemination
-	Mailing Address 1700 E Part Ave		08	25 2014
1			Amount	
Γ	City State	Zip Code		46.60
L	Searcy AR	72149		ID: 333da29d-264e-4cd0-a ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M M	25 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	66012.89	Disbursement For: 2014 Other (sp	Primary ☐ General
Γ	Full Name of Payee		Date of Publi	c Distribution/Dissemination
1	Jeffrey Hampton		08	25 2014
ľ	Mailing Address 1700 E Part Ave			
1			Amount	
ľ	City State	Zip Code		34.11
	Searcy AR	72149	Transaction II  Date of Disbu	D: 0dc1781b-ab6c-4f46-9 ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M M M	25 Y 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	66012.89	Disbursement For: 2014 Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		• •	80.71
(1	b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	
(0	C) TOTAL Independent Expenditures		<b>)</b>	1 1 2 1 1 2 1
W	Inder penalty of perjury I certify that the independent expenditur rith, or at the request or suggestion of, any candidate or authorizarty committee) any political party committee or its agent.			
		ronically Filed] Date	9 08 27	2014
	Signature			

Schedule E)	VI EXI END	TIONES		PAGE 24 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D D / Y D Y D Y D Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Brenda L Dawson			08	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6021 General Samuel Rd			Amount	
City	State	Zip Code		15.00
Jacksonville	AR	72076		D: 96a09432-5900-4d53-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	66012.89	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Brenda L Dawson			08	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6021 General Samuel Rd			Amount	
City	State	Zip Code		4.80
Jacksonville	AR	72076		: aadb1a0f-ba88-4643-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	66012.89	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			19.80
,,				4
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 27	2014
•				

Sche	edule E)	LAFLIND	ITOTILS		PAGE 25 OF 69 FOR SE OF FORM 24/48
NAME	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	a if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Fu	ull Name of Payee			Date	e of Public Distribution/Dissemination
	Lily Green				08 25 2014
M	ailing Address 205 Medallion Circle			Amo	ount
Ci	ity	State	Zip Code		80.00
	Shreveport	LA	71119		nsaction ID: 6a225fd8-c7df-4d37-8 e of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		08 25 / 2014
Na	ame of Federal Candidate		Support	Office Sou	ght: House District: 00
M	ls. Mary L Landrieu		Oppose	Presi	ident Senate State: LA
L	Calendar Year-To-Date Per Election for Office Sought	7 7	97904.68	Disburseme 2014	ent For:
	ull Name of Payee			Date	e of Public Distribution/Dissemination
_	Lily Green				08 / 25 / Y Y Y Y Y Y
IM	lailing Address 205 Medallion Circle			Amo	ount
С	ity	State	Zip Code		21.00
	Shreveport	LA	71119		saction ID : cfd33762-53b2-49e0-b e of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		08 / DDD / Y Y Y Y Y Y 2014
N	ame of Federal Candidate		Support	Office Sou	ght: House District: 00
N	/Is. Mary L Landrieu		X Oppose		sident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	97904.68	Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent Expenditure	es			101.00
(b)	CURTOTAL of Unitamized Independent Expandit	uroo			7 7 7
(D)	SUBTOTAL of Unitemized Independent Expendit	ures		·· •	4 4
(c)	TOTAL Independent Expenditures			·· •	7 7 7
with	der penalty of perjury I certify that the independen, or at the request or suggestion of, any candidaty committee) any political party committee or its	ite or authorized			
_	Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 08	27 2014
	-ignaturo				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cosses so
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	08 25 2014
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	60.00
Shreveport LA 71104	Transaction ID: be0d227c-6422-4c8c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination
	08 25 2014
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	16.50
Shreveport LA 71104	Transaction ID: 04947767-a882-4f8a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 25 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) CURTOTAL of Itemical Independent Expanditures	
(a) SUBTOTAL of Itemized Independent Expenditures	76.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	08 27 2014
Signature	

Schedule	E)	TI EXI END			PAGE 27 OF 69 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y D D /
Full Nam	ne of Payee y Lennox	<u> </u>			of Public Distribution/Dissemination
	Address 2305 Cleary Ave			L	08 25 2014
	•			Amou	nt
City		State	Zip Code		12.50
Metairie		LA	70001		action ID: 771aa74a-242e-4b45-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	08 / 25 / Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mar	y L Landrieu		X Oppose	Preside	ent Senate State: LA
	endar Year-To-Date Election for Office Sought		97904.68	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	ne of Payee			Date	of Public Distribution/Dissemination
Lesie	y Lennox			IV	08 25 2014
Mailing A	Address 2305 Cleary Ave			Amou	
City Metairie	,	State LA	Zip Code 70001	Transa	3.00 ction ID : a560edd8-574d-438d-a
Purpose	of Expenditure		Category/		of Disbursement or Obligation
Mileage			Type 002		08 25 2014
	f Federal Candidate		Support	Office Sough	t: District: 00
Ms. Mar	y L Landrieu		X Oppose	Preside	ent X Senate State: LA
	endar Year-To-Date Election for Office Sought	7	97904.68	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBT	OTAL of Itemized Independent Expenditu	ires		•	15.50
(b) SUBT	OTAL of Unitemized Independent Expendent	ditures		•	7 1 7 1 7
(c) TOTA	L Independent Expenditures			•	
with, or at	nalty of perjury I certify that the independ the request or suggestion of, any candid mittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08	27 / 2014
Signati	ure		_		

Schedule E)	INT EXI END	JITONES	PAGE 28 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	50.00
Ville Platte	LA	70586	Transaction ID : ea87a368-0e5b-414e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		97904.68	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	23.70
Ville Platte	LA	70586	Transaction ID : f063d148-764f-43fc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	97904.68	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		73.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 600330700
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	08 25 2014
Mailing Address 2320 Saint Nick Dr	Amount
City State Zip Code	20.00
New Orleans LA 70131	Transaction ID: 027c7e90-6ed3-494e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Tylan S Green	Date of Public Distribution/Dissemination
,	08 25 2014
Mailing Address 2320 Saint Nick Dr	Amount
City State Zip Code	7.50
New Orleans LA 70131	Transaction ID: eb0ebb06-f41e-4e04-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	18 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Sche	dule E)	I EXI EIIDI	TOTILO		PAGE 30 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	W = M / D = D / Y = Y = Y
Fu	II Name of Payee			Date	of Public Distribution/Dissemination
	Diane Smith				08 25 2014
Ma	ailing Address 4006 Wolkswalk Place			Amou	unt
Cit	ty	State	Zip Code		21.50
R	aleigh	NC	27610		saction ID : 2d4abd80-425d-4546-b of Disbursement or Obligation
	irpose of Expenditure alary		Category/ Type 001		08 / 25 / 2014
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
M	s. Kay Hagan		Oppose	Presid	NO.
	Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursemer 2014	nt For: Primary
Fu	III Name of Payee Diane Smith				of Public Distribution/Dissemination
_	siling Address			[	08 / 25 / 2014
IVIC	4006 Wolkswalk Place			Amou	unt
Cit	ty	State	Zip Code	─ <b></b>    [	4.20
	aleigh	NC	27610	Transa Date	action ID : f26d0e40-1a5d-41d4-a of Disbursement or Obligation
	rpose of Expenditure fileage		Category/ Type 002	$\Box \mid \Box$	08 / 25 / Y 2014
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00
М	s. Kay Hagan		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	259625.60	Disbursemen 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditure	es			25.70
(-)					
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires		·· •	
(c)	TOTAL Independent Expenditures			▶	7
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidately committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08 /	27 2014
	Signature		_		

Schedule E)	JENT EXILIND	TIONES	PAGE 31 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Nathan D Wirebaugh			Date of Public Distribution/Dissemination
Mailing Address 7320 Red Maple Dr			08 25 2014 Amount
		7: 0 1	
City Holland	State OH	Zip Code 43528	40.00  Transaction ID: 38b9a3fb-3d1d-43a6-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			08 25 2014 Amount
City	State	Zip Code	105.00
Raleigh	NC	27604	Transaction ID : 0865f60c-347a-4371-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Exper	nditures		145.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			
			7 7 7
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	08 27 2014
Signature			

Schedule E)	JENT EXI END	JITONES	PAGE 32 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 25 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	23.70
Raleigh	NC	27604	Transaction ID: e9409b7d-98e9-4249-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 25 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Bradley K Kissinger			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3113 Imperial Valley Dr.			Amount
City	State	Zip Code	40.00
Little Rock	AR	72212	Transaction ID : 5ad8bc75-6eb4-4142-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		66012.89	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		63.70
			7 7 7
(b) SUBTOTAL of Uniternized Independent Exp	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sch	nedule E)	EXI END	TIONES				PAGE 33 OF 69 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amend	ls report	t filed on	- M /	D = D / Y = Y = Y
	Full Name of Payee Bradley K Kissinger					of Public	Distribution/Dissemination
N	Mailing Address 3113 Imperial Valley Dr.				Amou	08	25 2014
	City Little Rock	State AR	Zip Code 72212				10.80  D : d5f54ce5-fd82-4e0e-a
	Purpose of Expenditure Mileage		Category/ Type	002		of Disbu	ursement or Obligation  25 2014
N	Name of Federal Candidate		Supp	port	Office Sough	t·	House District: 00
	Mr. Mark L Pryor		X Oppo		Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		66012.89		Disbursemen 2014 O		Primary
F	Full Name of Payee Jeanne Tribou					of Public	c Distribution/Dissemination
N	Mailing Address 22369 Ponderosa Dr.				Amou	-	
	City	State	Zip Code				40.00
	Mandeville	LA	70471		Transa Date	ction ID	D: 1c43eb1b-13e7-44e9-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	N	08	25 2014
1	Name of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu		X Oppo	ose	Preside	ent >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		97904.68		Disbursemen 2014 O		Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	3			<b>.</b> [		50.80
(b	o) SUBTOTAL of Unitemized Independent Expenditure	ıres			· [		
(с	:) TOTAL Independent Expenditures				· [	- 7	7 7
wi	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M /	27	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	PAGE 34 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	nends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Jeanne Tribou	08 25 2014
Mailing Address 22369 Ponderosa Dr.	Amount
City State Zip Code	8.40
Mandeville LA 70471	Transaction ID: e9ca2ab8-3abc-48ff-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Manual Landston	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 97904.68	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Chinchar	08 25 / 2014
Mailing Address 2730 Dave Ward Dr	Amount
City State Zip Code Conway AR 72034	20.00  Transaction ID : 00dad131-6a8f-4e37-9  Date of Dishurament or Obligation
Purpose of Expenditure Category/ Type	
	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 66012.89	Disbursement For: Primary General 2014 Other (specify)
<del>-</del>	
(a) SUBTOTAL of Itemized Independent Expenditures	28.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee c party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 08 27 2014
Signature	

Schedule E	E)	ZIVI ZXI ZIVO	II OILEO		PAGE 35 OF 69 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name Michae	of Payee el Chinchar				of Public Distribution/Dissemination
Mailing Ac	dress 2730 Dave Ward Dr			Amou	08 25 2014 nt
City		State	Zip Code		5.40
Conway		AR	72034		action ID : db4838b0-f1ed-47e9-9 of Disbursement or Obligation
Purpose o Mileage	f Expenditure		Category/ Type 002	M	08
Name of I	Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark	L Pryor		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	.,.,,	66012.89	Disbursement 2014 Or	t For:
Full Name Logan Mailing Ad	B Piper				of Public Distribution/Dissemination  08
City		State	Zip Code		32.00
Conway		AR	72034		ction ID : 0aa0c0ae-e4f3-4775-b of Disbursement or Obligation
Purpose o Salary	of Expenditure		Category/ Type 001		08 25 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark	L Pryor		X Oppose	Preside	ent X Senate State: AR
	ndar Year-To-Date Election for Office Sought	7 7	66012.89	Disbursemen 2014 O	t For:  Primary
(a) SUBTO	TAL of Itemized Independent Expen	ditures		· [	37.40
(b) SUBTO	TAL of Unitemized Independent Exp	enditures		. •	171171171
(c) TOTAL	Independent Expenditures			•	7 7 7
with, or at t	alty of perjury I certify that the indep the request or suggestion of, any ca hittee) any political party committee of	ndidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	27 / 2014
Signatur	e				

Schedule E)			1101120		PAGE 36 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	port Amends rep	port filed on	M = M / D = D / Y = Y = Y
Full Name of Paye Logan B Pip					of Public Distribution/Dissemination
	3205 Pebble Beach Rd			Amo	08 25 2014
				,	WIII.
City		State	Zip Code		1.92
Conway		AR	72034		saction ID: 5052cb0e-78f0-4d1c-9 of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002		08 25 2014
Name of Federal	Candidate		Support	Office Soug	ght: House District: 00
Mr. Mark L Pryor			X Oppose	Presid	^
Calendar Yea Per Election	r-To-Date for Office Sought		66012.89	Disburseme	ent For:
Full Name of Paye	<del></del>				e of Public Distribution/Dissemination
Shelbi L Ran	dall				M = M / D = D / Y = Y = Y
Mailing Address	202 East Park Ave Apt 40			L	08 25 2014
	202 Edot I directive ripe is			Amo	bunt
City		State	Zip Code		45.00
Searcy		AR	72143		saction ID : f435859b-bd10-429e-a e of Disbursement or Obligation
Purpose of Expen Salary	diture		Category/ Type 001		08 / 25 / 2014
Name of Federal	Candidate		Support	Office Soug	ght: House District: 00
Mr. Mark L Pryor			X Oppose	Presi	
Calendar Yea Per Election	ar-To-Date for Office Sought		66012.89	Disburseme 2014	ent For:
(a) SUBTOTAL of	Itemized Independent Expendi	itures		<b>&gt;</b>	46.92
(b) SUBTOTAL of	Unitemized Independent Expe	nditures		<u></u>	
(c) TOTAL Indeper	ndent Expenditures			···· •	7 7 7
with, or at the requ		didate or authorized			cooperation, consultation, or concert f the reporting entity is not a political
	nily Buchanan	[Electroi	nically Filed] Da	ate 08	27 2014
Signature			_		

Schedule E)				PAGE 37 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l r	C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Shelbi L Randall			M	
Mailing Address 202 East Park Ave Apt 40			Amount	8 25 2014
City	State	Zip Code		27.72
Searcy	AR	72143		ction ID: 89d57f8e-7d24-4316-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 0	8 25 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	66012.89	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Stephanie L Heun				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8026 S Wilwood Dr Apt 101			Amount	
City	State	Zip Code		40.00
Oak Creek	WI	53154		tion ID : 0b0f9b80-ab9a-45a3-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		8 25 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	259625.60	Disbursement 2014 Oth	For: Primary X General  er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S			67.72
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>.</b>	
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		27 / 2014

Schedule E)	IVI EXI END	TIONES	PAGE 38 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			08 / 25 / 2014
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	20.00
Winchester	VA	22602	Transaction ID : 6a2fe929-3777-41db-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	259625.60	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Randy M Gold			08 25 2014
Mailing Address 1436 Haigs Creek Dr			Amount
City	State	Zip Code	45.00
Elgin	SC	29045	Transaction ID : 51817a35-96f7-4a62-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	66012.89	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		65.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	DEITI EXI EIT	DITORILO	PAGE 39 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Randy M Gold			08 / 25 / 2014
Mailing Address 1436 Haigs Creek Dr			Amount
City	State	Zip Code	32.01
Elgin	SC	29045	Transaction ID: 44231cd5-770b-48d3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	66012.89	Disbursement For:  Primary  General  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			08 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	20.00
Search	AR	72149	Transaction ID : 5c33211d-3b55-44f0-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,	66012.89	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		52.01
			7 7 7
(b) SUBTOTAL of Unitemized Independent E	rpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
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Schedule E)	NI EXI END	TIONES	<u> </u>	PAGE 40 OF 69 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Anthony Pearson			M M / 08	25 / 2014
Mailing Address 112 apache Dr			Amount	
City	State	Zip Code		18.90
Search	AR	72149		: ca723355-b68d-4a20-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	66012.89	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Kaleigh J Wagner			08	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18065 Wayne Rd			Amount	
City	State	Zip Code		45.00
Odessa	FL	33556		4d257c31-0265-41be-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	66012.89	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	63.90
			7	4
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 27	2014
• · · · · · · · · · · · · · · · · · · ·				

Schedule E)		1101120		PAGE 41 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
	<u> </u>			
Full Name of Payee Lisa Miller			Date of Publi	c Distribution/Dissemination
Mailing Address 718 Azalea Dr.			Amount	
Unit 453	State	Zip Code		41.50
City Hampstead	NC	28443		ID: 4d5666a4-36fe-4fc5-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	/ 25 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Lisa Miller			M = M	ic Distribution/Dissemination
Mailing Address 718 Azalea Dr.			08 Amount	25 2014
Unit 453			Allount	
City Hampstead	State NC	Zip Code 28443	Transaction II	8.22 D : 3e6aa569-5317-41bd-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disb	ursement or Obligation  / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	49.72
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	08 / 27	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	LINDITOTIES	PAGE 42 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report fi	iled on Mam / Dab / Yayayay
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
Mailing Address 6101 NORA ST		08 25 2014  Amount
City State	Zip Code	60.00
METAIRIE LA	70003	Transaction ID : 18450419-26b4-4939-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 25 / Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
ERIC TABARY		08 25 2014
Mailing Address 6101 NORA ST		Amount
City State	Zip Code	1.20
METAIRIE LA	70003	Transaction ID: 8353b17f-102f-4b0e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 25 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		61.20
(a) SOSTOTAL OF REINIZED HIDEPOINCER EXPONDITURES		01.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
	[Electronically Filed] Date	08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)		ENT EXILID	II OILEO		PAGE 43 OF 69 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24-	hour report X 48-hour report	X New rep	oort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	· <u></u>	Mew leb	Amends repo	Tr med on	
Full Name of Patrice V					of Public Distribution/Dissemination  08 25 2014
Mailing Addre	9909 Treasure Hill Rd			Amou	nt
City		State	Zip Code	— I	20.00
Little Rock		AR	72205		action ID : fbe7d58e-f71e-42d1-a of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	M	08 25 / 2014
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L P	ryor		X Oppose	Preside	
	r Year-To-Date tion for Office Sought	7 7	66012.89	Disbursemen 2014 O	t For:
Full Name of				Date	of Public Distribution/Dissemination
Patrice W	/OITE			N	08 25 2014
Mailing Addre	9909 Treasure Hill Rd			Amou	
		_			
City Little Rock		State AR	Zip Code 72205	Transa	13.50 ction ID : 4d886b20-cd0f-43ac-a of Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002		08 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L P	ryor		Oppose	Preside	ent State: AR
	r Year-To-Date tion for Office Sought	7 1 7	66012.89	Disbursemen 2014	t For:  Primary
(a) SURTOTA	L of Itemized Independent Expend	lituros			33.50
(a) SOBTOTA	C of itemized independent Expend	iii.ui.e3			35.30
(b) SUBTOTA	L of Unitemized Independent Expe	enditures		•	7 1 7 1 7
(c) TOTAL Inc	lependent Expenditures			•	7 1 7 1 7
with, or at the		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
М	s. Emily Buchanan	[Electron	nically Filed] Date	M M M /	27 2014
Signature					

Schedule E)	LIVI EXI ENE	ATTOTILES	PAGE 44 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount
City	State	Zip Code	100.00
Saltville	VA	24370	Transaction ID: 098155a3-4e93-4a4b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			08 25 2014
Mailing Address 7151 Mullins Drive			Amount
City	State	Zip Code	32.40
Saltville	VA	24370	Transaction ID : 1401c315-2100-447f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		132.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI ENL	JII OI LEO	PAGE 45 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Vonniqua Jackson			08 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Westchester Blvd			Amount
Apt D4	01-1-	7's Oads	5000
City Slidell	State LA	Zip Code 70458	50.00  Transaction ID : ca2f93ae-9c70-4914-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97904.68	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination
			08 / 25 / 2014
Mailing Address 1254 Fleming St Apt 6			Amount
City	State	Zip Code	65.00
Conway	AR	72032	Transaction ID: 62415957-5019-4898-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66012.89	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		115.00
(b) SUBTOTAL of Unitemized Independent Exp	andituras		
(b) SOBTOTAL OF OFFICE ITEMS INDEPENDENT EXP	enditures		
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	DEITI EXI EITE	TIONES	PAGE 46 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L McCune			08 25 Y 2014
Mailing Address 1254 Fleming St Apt 6			Amount
City	State	Zip Code	31.20
Conway	AR	72032	Transaction ID: 387d023c-1279-433a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	66012.89	Disbursement For:  Primary  ☐ General  Other (specify)  ☐
Full Name of Payee	_		Date of Public Distribution/Dissemination
Malinda Ledford			08 25 2014
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID : 71be61da-c8dc-460e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		81.20
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 27 2014

Schedule E)	DENT EXICIO	HONES	PAGE 47 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 / 25 / Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	23.40
Spruce Pine	NC	28777	Transaction ID : 541367d9-09fe-4178-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	259625.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			08 25 / Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID : 34c819bf-c1d2-407b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	259625.60	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures		73.40
(b) SUBTOTAL of Unitemized Independent E	xpenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LI LIVELIVI LAI LIVE			PAGE 48 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee			Data of Public	c Distribution/Dissemination
Malinda Ledford			Date of Public	25 2014
Mailing Address 44 Bell Street Ext			Amount	
City	State	Zip Code		23.40
Spruce Pine	NC	28777		ID: 2aee9520-a26d-483f-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	259625.60	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee Malinda Ledford			M = M	c Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 Amount	25 2014
City	State	Zip Code		50.00
Spruce Pine Purpose of Expenditure	NC	28777	Date of Disbu	D: 2bcbb9e5-d0be-4ea5-a ursement or Obligation
Salary		Category/ Type 001	08	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent	nt Expenditures		· •	73.40
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		. •	45
(c) TOTAL Independent Expenditures.			<b>•</b>	
Under penalty of perjury I certify that with, or at the request or suggestion c party committee) any political party co	f, any candidate or authorized			
Ms. Emily Buchanan	[Electron:	ically Filed] Date	08 27	2014
Signature		_		

Schedule E)	LIVI LXI LIVL	THORIES	PAGE 49 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	t filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			08 / 25 / 2014
			Amount
City	State	Zip Code	23.40
Spruce Pine	NC	28777	Transaction ID: 452b8d4b-d3b2-4e1d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 25 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	80.00
Mt. Airy	NC	27030	Transaction ID: 52092bd6-fd3a-400d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		103.40
			7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LIVI EXI LIVI	JII OI LO	PAGE 50 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 25 7 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	28.59
Mt. Airy	NC	27030	Transaction ID : f644d90c-67b8-4da2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 25 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Daniel E Collison			08 25 2014
Mailing Address 3315 Cardinal Ridge Rd			Amount
City	State	Zip Code	60.00
Greensboro	NC	27410	Transaction ID: 377db9f5-b737-4170-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	259625.60	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		88.59
(,			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s.g			

Scl	chedule E)		PAGE 51 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report	t filed on	T = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date o	of Public Distribution/Dissemination
	Daniel E Collison	M	08 25 2014
	Mailing Address 3315 Cardinal Ridge Rd	Amoun	ınt
t	City State Zip Code		18.30
	Greensboro NC 27410		saction ID : 65de97bd-f5f9-485b-b of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002		08 / 25 / 2014
t	Name of Federal Candidate Support	Office Sought	nt: House District: 00
	Ms. Kay Hagan Oppose	Preside	NO.
	Odicitudi Tedi 10 Date	Disbursement 2014 Ott	nt For:
Ī	Full Name of Payee	Date o	of Public Distribution/Dissemination
	Tracy M Hargett		M M / D D / Y Y Y Y
-	Mailing Address 5133 Lord Bryon Road		08 25 2014
	Malling Address 5133 Lord Bryon Road	Amour	unt
ľ	City State Zip Code		45.00
	Wilmington NC 28405	Transac Date o	action ID: 30196d54-c126-44cc-9 of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001		08 / 25 / 2014
	Name of Federal Candidate Support	Office Sought	ht: House District: 00
	Ms. Kay Hagan Oppose	Preside	
		Disbursement 2014 Ot	nt For:
(a	(a) SUBTOTAL of Itemized Independent Expenditures	<b>•</b>	63.30
(1	(b) SUBTOTAL of Unitemized Independent Expenditures	· [	7 1 7 1 5
(	(c) TOTAL Independent Expenditures	· [	7
W	Under penalty of perjury I certify that the independent expenditures reported herein were now with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	08 /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	DENT EXICIO	TIONES	PAGE 52 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	rt filed on
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination
Mailing Address 5133 Lord Bryon Road			08 25 7 2014
1000 200 200			Amount
City	State	Zip Code	19.80
Wilmington	NC	28405	Transaction ID: 12108377-6c91-42b8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address			08 / 25 / 2014
3007 Darden Rd			Amount
City	State	Zip Code	105.00
Greensboro	NC	27407	Transaction ID : 0d1fbbe7-e884-4c2c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	259625.60	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUPTOTAL of Hamizad Indopendent Even	ndituros		424.00
(a) SUBTOTAL of Itemized Independent Expe	natures		124.80
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)		TIONES	PAGE 53 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			08 25 2014  Amount
		7. 0.	
City Greensboro	State NC	Zip Code 27407	37.50  Transaction ID: 2d575b70-bc6e-412d-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,,	259625.60	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			08 25 2014 Amount
City	State	Zip Code	105.00
Greensboro	NC	27407	Transaction ID: 8828758f-eab2-4feb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- y y	259625.60	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		142.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(a) TOTAL Independent Europelitures			
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

S	chedule E)	PAGE 54 OF 69 FOR SE OF FORM 24/48
N/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee Christine Stevens	Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct	08 25 2014 Amount
	City State Zip Code	70.00
	Winchester VA 22602	Transaction ID : 7cec43ee-8d9e-46b9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For:  Primary  General  Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jazmine d Conner	08 25 2014
	Mailing Address 100 ASBURY CT	Amount
	City State Zip Code	60.00
	WINCHESTER VA 22602	Transaction ID : 960490dd-db0c-49bb-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	08 / 25 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)   Other
	(a) SUBTOTAL of Itemized Independent Expenditures	130.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		08

Schedule E)	INI EXI END	TIONES		5 OF 69 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	TION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee			Date of Public Distribution	n/Dissemination
Jon E Conner			08 / D D D D D D D D D D D D D D D D D D	2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602	Transaction ID: 93a988 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	08 / 25	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	259625.60	Disbursement For:  Prima 2014  Other (specify) ▶ _	ry X General
Full Name of Payee			Date of Public Distribution	on/Dissemination
Rodney O Culbreath			08 / 25	2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602	Transaction ID : c753d86 Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	08 / 25	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	259625.60	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			130.00
			7 7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014 Y
- 3				

Schedule E)	PAGE 56 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	N = M / D = D / Y = Y = Y = Y
Rodney D Culhreth	of Public Distribution/Dissemination
Mailing Address 100 Asbury CT	08 / 25 / 2014
3200 Dam Neck Rd	ınt
City State Zip Code	70.00
Winchester VA 22602 Trans	saction ID: d1ec2020-f96a-4f35-a of Disbursement or Obligation
Purpose of Expenditure	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Kay Hagan Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 259625.60  Disbursement 2014	nt For:
	of Public Distribution/Dissemination
	08
Mailing Address 100 Asbury Ct Amou	unt
City State Zip Code	70.00
	action ID: 1b011d06-10e4-4001-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / 25 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 57 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Theresa a Youngblood	ate of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2	08 25 2014 mount
City State Zip Code	50.00
Berryville VA 22611 Ti	ransaction ID: 27dcda3a-5b7e-4b15-8 late of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 25 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Me Key Hagen	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 259625.60  Disburse	ement For: Primary X General  Other (specify) ▶
Full Name of Payee Amelia Brackett	Date of Public Distribution/Dissemination
Mailing Address 804 Roundabout Circle	08 25 2014 Amount
City State Zip Code	30.00
Searcy AR 72143 Tra	ansaction ID : 67cf450b-9584-4a28-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 25 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr Mark I Pryor	resident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sch	edule E)	EXI END	101120		PAGE 58 OF 69 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
			7 (11)	Tr mod on	
F	ull Name of Payee Tammay Williams				e of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	lailing Address 924 N. Prieur St			Amo	punt
С	ity	State	Zip Code		80.00
	New Orleans	LA	70116		nsaction ID : babec8ed-9117-4fde-8 e of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	] [	08 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		Support	Office Soug	ght: House District: 00
N	/Is. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		97904.68	Disburseme	ent For:
	ull Name of Payee			Date	e of Public Distribution/Dissemination
1	Tammay Williams				08 25 2014
N	Mailing Address 924 N. Prieur St				
1				Amo	bunt
С	Dity	State	Zip Code		15.00
	New Orleans	LA	70116	Trans Date	saction ID: d0dd9b77-e451-468d-a e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	08 / 25 / Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Soug	ght: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Presi	ident State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	97904.68	Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent Expenditures			• •	95.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		· •	171171171
(c)	TOTAL Independent Expenditures			• [	7 7 7
wit	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M M /	27 2014
	Signature		_		

Sc	chedule E)	IXI LIIDI	TOTILO		PAGE 59 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends	report filed	i on
_	Full Name of Payee				Date of Public Distribution/Dissemination
	Mattie Harris				08 / 25 / 2014
	Mailing Address 3654 Tara St				Amount
ŀ	City Sta	tate	Zip Code		40.00
	springdale A		72762		Transaction ID: 47f82a63-a510-4c80-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	08 25 2014
Ì	Name of Federal Candidate		Suppo	ort Office	e Sought: House District: 00
	Mr. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		66012.89	Disbu 2014	ursement For: Primary
	Full Name of Payee				Date of Public Distribution/Dissemination
Ì	Mattie Harris				08 25 2014
Ì	Mailing Address 3654 Tara St				25 251
1	- I				Amount
Ì	City St	State	Zip Code		6.24
Ì.		AR	72762		Transaction ID : 3622b12d-a1db-4195-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	08 / 25 / 2014
Ì	Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
	Mr. Mark L Pryor		N Oppos	se	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		66012.89	Disb 2014	ursement For: Primary ⊠ General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures			······	46.24
	(b) SUBTOTAL of Unitemized Independent Expenditures	s		······ <b>&gt;</b>	
(	(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	7 7 7
١	Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed]		08 27 2014
	Signature		_		

Metairie       LA       70006       Transaction ID : 585c3811-d682-452 Date of Disbursement or Obligation         Purpose of Expenditure Salary       Category/ Type       001       Maling Address       Aspect of Disbursement or Obligation         Name of Federal Candidate       Support       Office Sought:       House District:       Disbursement For:       President       Senate       State:         Calendar Year-To-Date Per Election for Office Sought       97904.68       Disbursement For:       Primary       Ge         Full Name of Payee Beau Autin       Date of Public Distribution/Dissemina         Mailing Address       345 Auroura Ave       Amount         City       State       Zip Code       Transaction ID: 242afcd5-3373-4523-Date of Disbursement or Obligation         Purpose of Expenditure Mileage       Category/ Type       002       Transaction ID: 242afcd5-3373-4523-Date of Disbursement or Obligation         Name of Federal Candidate       Support       Office Sought:       House District:	69 4/48
Check if 24-hour report	BER ▼
Pull Name of Payee   Beau Autin   Date of Public Distribution/Disseminat   Mailing Address 345 Auroura Ave   Amount	
Mailing Address 345 Auroura Ave	Y
Mailing Address 345 Auroura Ave  City State Zip Code Metairie LA 70006  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 345 Auroura Ave  City State Zip Code Transaction ID: 585c3811-d682-452 Date of Disbursement or Obligation  Ms. Mary L Category/ Type 001  Name of Federal Candidate  Support Office Sought: House District:  Calendar Year-To-Date Per Election for Office Sought  President Senate State:  Calendar Year-To-Date Per State Zip Code Transaction ID: 242afcd5-3373-4523- Date of Public Distribution/Dissemina  Ms. Mary L Category/ Type 002  Name of Federal Candidate  LA 70006  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Ms. Mary L Landrieu  Support Office Sought: House District:  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Ms. Mary L Landrieu  Support Office Sought: House District:  Ms. Mary L Landrieu  Support Office Sought: House District:  Calendar Year-To-Date Per Election for Office Sought  Support Office Sought: Senate State:  Disbursement For: Primary Senate Sta	ation
City State Zip Code  Metairie LA 70006  Purpose of Expenditure Salary  Category/ 17pp 001  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Beau Autin  City State Zip Code  Mailing Address 345 Auroura Ave  Category/ 17pp 001  Mos / 25 / 2014  Disbursement For: Primary See 2014  Amount  City State Zip Code Metairie LA 70006  Purpose of Expenditure Mileage  Category/ 17pp 002  Mos / 25 / 2014  Amount  Category/ 17pp 002  Mos / 25 / 2014  Amount  City State Zip Code Metairie LA 70006  Transaction ID : 242afcd5-3373-4523- Date of Disbursement or Obligation  Date of Public Distribution/Dissemina  Mos / 25 / 2014  Amount  City State Zip Code Metairie LA 70006  Purpose of Expenditure Mileage  Category/ 17pp 002  Mos / 25 / 2014  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Support Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Primary Sea	
Metairie LA 70006  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 345 Auroura Ave  City State Zip Code  Metairie LA 70006  Transaction ID : 585c3811-d682-452  Date of Disbursement or Obligation  Mail 25 / 2014  Name of Federal Candidate  Support Office Sought: House District:  Oppose President Senate State:  Disbursement For: Primary Gereal Office Sought  Purpose of Payee  Beau Autin  City State Zip Code  Metairie LA 70006  Transaction ID : 585c3811-d682-452  Date of Disbursement or Obligation  Disbursement For: Primary Gereal State:  Calendar Year-To-Date  Metairie LA 70006  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Federal Candidate  Mamount  Category/ O02  Type O02  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Payee  Beau Autin  City State Zip Code  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Payee  Beau Autin  City State Zip Code  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Payee  Beau Autin  Category/ O02  Type O02  Type O05  President Senate State:  Calendar Year-To-Date  Per Election for Office Sought: House District:  Support Senate State:  Disbursement For: Primary Gereal State:  Disbursement For: Primary State State:  Disbursement For: Primary State State:  Disbursement F	
Metairie LA 70006  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 345 Auroura Ave  City State Zip Code  Metairie LA 70006  Transaction ID : 585c3811-d682-452  Date of Disbursement or Obligation  Mail 25 / 2014  Name of Federal Candidate  Support Office Sought: House District:  Oppose President Senate State:  Disbursement For: Primary Gereal Office Sought  Purpose of Payee  Beau Autin  City State Zip Code  Metairie LA 70006  Transaction ID : 585c3811-d682-452  Date of Disbursement or Obligation  Disbursement For: Primary Gereal State:  Calendar Year-To-Date  Metairie LA 70006  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Federal Candidate  Mamount  Category/ O02  Type O02  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Payee  Beau Autin  City State Zip Code  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Payee  Beau Autin  City State Zip Code  Transaction ID : 242afcd5-3373-4523  Date of Disbursement or Obligation  Mail Name of Payee  Beau Autin  Category/ O02  Type O02  Type O05  President Senate State:  Calendar Year-To-Date  Per Election for Office Sought: House District:  Support Senate State:  Disbursement For: Primary Gereal State:  Disbursement For: Primary State State:  Disbursement For: Primary State State:  Disbursement F	40.00
Salary Category/ Type 001 08 25 2014   Name of Federal Candidate Support Office Sought: House District:   Ms. Mary L Landrieu Oppose President Senate State:   Calendar Year-To-Date Per Election for Office Sought 97904.68 Disbursement For: Primary Ge   Full Name of Payee Date of Public Distribution/Disseminal   Beau Autin Mailing Address 345 Auroura Ave    Amount  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Mo8  Z5  Z014  Amount  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Mo8  Z5  Z014  Support  Office Sought: House District:  Senate State:  Calendar Year-To-Date Per Election for Office Sought  President Senate State:  President Senate State:  Disbursement For: Primary  Ge  Oppose  President Senate State:  President Senate State:  President Senate State:  President Senate State:  Disbursement For: Primary Senate State:  Disbursement For: Primary Senate State:  President Senate State: President Senate Senate State: President Senate Senate State: President Senate Senate	26-b
Ms. Mary L Landrieu    Support   Collect Studght   Collect Studgh	
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Beau Autin  Mailing Address 345 Auroura Ave  City  Metairie  LA  70006  Category/ Mileage  Category/ Mileage  Category/ Mileage  Category/ Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  Ge Other (specify) ▶  Date of Public Distribution/Disseminar  Ms  Amount  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  President  Senate  State:  Disbursement For: Primary  Ge Disbursement For: Primary  Ms D	00
Per Election for Office Sought  Full Name of Payee Beau Autin  Mailing Address 345 Auroura Ave  Date of Public Distribution/Disseminat  Mo8 / 25 / 2014  Amount  City State Zip Code  LA 70006  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Purpose of Expenditure  Mileage  Category/ Type 002  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date  Per Election for Office Sought  Support  Calendar Year-To-Date  Per Election for Office Sought  Primary Ge  97904.68	LA
Beau Autin  Mailing Address 345 Auroura Ave  Amount  City State Zip Code  Metairie LA 70006  Purpose of Expenditure  Mileage Category/  Mileage Category/  Mame of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date  Per Election for Office Sought  Per Election for Office Sought  Primary Ge	àeneral
Mailing Address 345 Auroura Ave  City State Zip Code  Metairie LA 70006  Purpose of Expenditure Mileage Category/ Mileage Category/ Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 345 Auroura Ave  Amount  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Ms. V 25  Category/ Type 002  Disbursement For: Primary X General Category/ 2014	ation
City State Zip Code  Metairie LA 70006  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Amount  4.3  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Mame of Federal Candidate  Support Office Sought: House District:   Oppose President Senate State:   Disbursement For: Primary General Candidate  Per Election for Office Sought  Disbursement For: Primary General Candidate	14
Metairie  LA 70006  Transaction ID: 242afcd5-3373-4523- Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Primary  Oppose  Disbursement For:  Primary  Office Sought  Disbursement For:  Primary  Office Sought  Disbursement For:  Oppose  Disbursement For:  Opp	
Purpose of Expenditure Mileage  Category/ Type  Ou  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Date of Disbursement or Obligation  Ms. May D D D D D D D D D D D D D D D D D D D	4.32
Mileage  Name of Federal Candidate  Support  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Office Sought  Disbursement For:  Primary  Primary  Geometric Sought  Primary  Pr	
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Preside	
Calendar Year-To-Date Per Election for Office Sought  97904.68  Disbursement For: Primary X Ge	00
Per Election for Office Sought 97904.68 2014	LA
	∂eneral ———
(a) SUBTOTAL of Itemized Independent Expenditures	32
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or cor with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a pol party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 08 27 2014  Signature	

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Chris McCoy	08 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct Amo	punt
City State Zip Code	70.00
High Point NC 27260 Tran	nsaction ID: 677bb06d-13b0-4510-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	N
Calendar Year-To-Date Per Election for Office Sought  Disbursement 259625.60  Disbursement 2014	
	Other (specify)
Full Name of Payee Chris McCoy	e of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	08 25 2014 ount
City State Zip Code	18.60
	saction ID: 81052702-a6d5-4171-b e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 25 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Oppose Presi	ident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme 259625.60	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	27 2014
Signature	

PAGE 61

OF

69

Schedule E)	JENT EXILINE	TI OTILO	PAGE 62 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 25 2014  Amount
City High Point	State NC	Zip Code 27260	70.00 Transaction ID : 5fb5bb09-f486-4707-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	259625.60	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 25 2014 Amount
			7.11.00.11.
City High Point	State NC	Zip Code 27260	19.20 Transaction ID : 1d96f20a-362c-4d7e-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		89.20
(b) SUBTOTAL of Uniternized Independent Exp	penditures		
(4, 662.6.1.2 or 6.11.6.11.2.2.11.6.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.11.2.2.2.11.2			
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataio			

ScI	hedule E)	<b>—</b> 112	1101120				PAGE 63 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
Che	eck if 24-hour report X 48-hour report	New rep	oort Amer	nds repo	rt filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Eleanor McCoy				Date	M = M	c Distribution/Dissemination
-	Mailing Address 4902 Catawba Dr				Amo	08 unt	25 2014
1	City State		Zip Code		-		50.00
	Greensboro NC		27407				ID: 800e78ad-e53b-4243-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 08	25 / 2014
l	Name of Federal Candidate		Su	pport	Office Soug	ıht:	House District: 00
	Ms. Kay Hagan			ppose	Presi	·	X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	259625.60		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Eleanor McCoy				Date	of Publi	ic Distribution/Dissemination
	Mailing Address 4902 Catawba Dr				Amo	ount	
ľ	City State		Zip Code				20.40
	Greensboro NC		27407		<b>Trans</b> Date	saction I	D: 63de9dc2-3950-4170-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	25 2014
Ī	Name of Federal Candidate		Su	upport	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		X Op	pose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		259625.60		Disburseme 2014		Primary X General
(a	(a) SUBTOTAL of Itemized Independent Expenditures				· [		70.40
(1	(b) SUBTOTAL of Unitemized Independent Expenditures				· • [	1 -	1 1 7 1 1 7 1
(0	(c) TOTAL Independent Expenditures				• [		
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or autoarty committee) any political party committee or its agent.						
		Electron	ically Filed]	Date	08	27	2014
	Signature						

Schedule E)		INDERT EXPERTS			PAGE 64 OF 69 FOR SE OF FORM 24/48
NAME OF COMMIT	,				FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
				M	M / D D / Y Y Y Y
Check if 24-hou	ır report 🔀 48-hour rep	port New rep	ort Amends repo	ort filed on	
Full Name of Pa Wayne Bui					of Public Distribution/Dissemination
	46 Glenwood Ave				08 25 2014
Maining / Idanoso	46 Gienwood Ave			Amour	nt
City		State	Zip Code	— F.	50.00
Harahan		LA	70123		action ID: 52509f83-9af7-4b50-8 of Disbursement or Obligation
Purpose of Expe Salary	enditure		Category/ Type 001		08 25 / 2014
Name of Federa	I Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	drieu		X Oppose	Preside	ent X Senate State: LA
Calendar Ye Per Election	ear-To-Date n for Office Sought		97904.68	Disbursement 2014 Of	t For: Primary
Full Name of Pa				Date of	of Public Distribution/Dissemination
Wayne Bure	скеі			M	08
Mailing Address	46 Glenwood Ave			Amou	nt
City		State	Zip Code		0.90
Harahan		LA	70123		ction ID : becfecf2-210d-4892-8 of Disbursement or Obligation
Purpose of Expe Mileage	enditure		Category/ Type 002	M	08 25 2014
Name of Federa	l Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	drieu		Oppose	Preside	ent X Senate State: LA
Calendar Ye Per Election	ear-To-Date n for Office Sought		97904.68	Disbursemen 2014 O	t For:
(a) SUBTOTAL o	f Itemized Independent Ex	penditures		· •	50.90
(b) SUBTOTAL o	f Unitemized Independent	Expenditures		· •	7 1 7 1 7
(c) TOTAL Indep	endent Expenditures			· [	7 1 7 1 7
with, or at the rec		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	ically Filed] Date	e 08 /	27 2014
Signature					

Sc	hedule E)	<b>L</b> /(1 <b>L</b> /(2)	HORLES		PAGE 65 OF 69 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends repo	ort filed on	"M" / D " D / Y " Y " Y " Y
T	Full Name of Payee Darius Beverly	,			of Public Distribution/Dissemination
-	Mailing Address 157 Bishop Drive			Amour	08 25 2014 nt
ŀ	City	State	Zip Code		45.00
	Avondale	LA	70094		action ID : 0c227f59-53e6-458a-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 25 2014
ŀ	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		97904.68	Disbursement 2014 Of	t For:
	Full Name of Payee James Tatro			_	of Public Distribution/Dissemination
ľ	Mailing Address 1208 Braeburn Rd			Amou	
ŀ	City	State	Zip Code	-	80.00
	Charlotte	NC	28211		oction ID: aaa3af91-a174-41dc-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 25 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	259625.60	Disbursemen 2014 O	nt For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	S			125.00
(	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>&gt;</b>	
(	(c) TOTAL Independent Expenditures			· -	7 1 7 1 7 1
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	27 2014
	Signature				

Schedu	le E)	II EXI END			PAGE 66 OF 69 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
		<u> </u>			
	ame of Payee nes Tatro				of Public Distribution/Dissemination  08 25 2014
Mailin	g Address 1208 Braeburn Rd			Amou	nt
City		State	Zip Code		5.70
Char		NC	28211		action ID : 021fced3-6f10-4f32-b of Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002	М	08 25 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. K	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
	lame of Payee Dinah Beverly				of Public Distribution/Dissemination
Mailin	g Address 157 Bishop Drive			— L	08 25 2014
				Amou	nt
City		State	Zip Code		45.00
Avon		LA	70064	Transa Date	ction ID : 6d21ff1d-1e5c-409c-9 of Disbursement or Obligation
Sala	ose of Expenditure ry		Category/ Type 001		08 / 25 / Y 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. N	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	97904.68	Disbursemen 2014 O	t For:  Primary
(a) SU	BTOTAL of Itemized Independent Expenditur	es			50.70
(-,					
(b) SU	BTOTAL of Unitemized Independent Expendi	tures		. •	7
(c) TO	TAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independ r at the request or suggestion of, any candidom ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	27 2014
Sigr	nature		_		

Schedule E)	IN EXILINE	TI OTILO	PAGE 67 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			08 / 25 / 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	5.10
Avondale	LA	70064	Transaction ID: 7468f7f0-6a09-4943-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97904.68	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David M Bozeman			08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 768 Pine Haven Drive			Amount
City	State	Zip Code	10.00
Fayetteville	NC	28306	Transaction ID: 06373528-d738-4e80-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		259625.60	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 15.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 27 2014
3. <del>3</del>			

Schedule	E)	itti Exi Eitb			PAGE 68 OF 69 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
0	National Management		. 🗆 .		= M / D = D / Y = Y = Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Nam David	e of Payee M Bozeman				of Public Distribution/Dissemination  08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 768 Pine Haven Drive			Amou	
City		State	Zip Code		0.60
Fayettev	ille	NC	28306		action ID : 62dd0723-c067-441e-9 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	Hagan		X Oppose	Preside	ent State: NC
	endar Year-To-Date Election for Office Sought		259625.60	Disbursemen 2014 O	t For: Primary
	e of Payee			Date	of Public Distribution/Dissemination
Holly	M Tippett			T.	08 25 2014
Mailing A	ddress 595 Saint Gabrielle Dr				
				Amou	nt
City		State	Zip Code	─   [ :	30.00
Florissa		MO	63033	Transa Date	oction ID: 91d0029d-be86-41b9-a of Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001		08 / 25 / 2014
Name of	Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark	L Pryor		Oppose	Preside	ent X Senate State: AR
	endar Year-To-Date Election for Office Sought	7	66012.89	Disbursemer 2014	nt For:
_					
(a) SUBT	OTAL of Itemized Independent Expendit	ures			30.60
(b) SUBT	OTAL of Unitemized Independent Exper	nditures		· •	7 1 7 1 7
(c) TOTAI	Independent Expenditures			•	77
with, or at	alty of perjury I certify that the indeper the request or suggestion of, any cand mittee) any political party committee or	idate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	ire				

Schedule E)	LAI LIIDI	TOTILO		PAGE 69 OF 69 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Holly M Tippett			[	08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 595 Saint Gabrielle Dr			Amou	unt
City	State	Zip Code	— Г	19.71
Florissant	МО	63033		saction ID: 6241315d-f54c-45fc-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 25 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	66012.89	Disbursement 2014	nt For:
Full Name of Payee				of Public Distribution/Dissemination
Mailing Address			L	
Mailing Address			Amo	unt
City	State	Zip Code		7
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	] [	M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Soug	ht: House District:
		Oppose	Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disburseme	
	,			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	<b>3</b>		· [	19.71
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	5450.42
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	9 08	27 2014
5.g. Idiai 0				